

## PHYSICAL THERAPY PROCEDURE CODES

### For Services by Independent Physical Therapists, including Group Practices, Not in Rehabilitation Centers

INSTRUCTIONS FOR USE OF CODES AND EXPLANATION OF TABLE HEADINGS .....	2
AMPUTATION - LOWER EXTREMITY .....	3
AMPUTATION - UPPER EXTREMITY .....	3
AMYOTROPHIC LATERAL SCLEROSIS .....	4
ARTHRITIS .....	4
OSTEOARTHRITIS (DEGENERATIVE) .....	5
BELLS PALSY .....	5
BIRTH DEFECTS .....	6
BRAIN DAMAGE(other than Cerebral Vascular Accident) .....	7
BURNS .....	8
BURSITIS .....	9
CERVICAL RIB SYNDROME .....	9
CHEST SURGERY .....	10
CHRONIC OBSTRUCTIVE LUNG DISEASE .....	10
CVA - HEMIPLEGIA .....	11
DECUBITUS ULCER .....	12
DEGENERATIVE OR TRAUMATIC DISC DISEASE .....	12
EPICONDYLITIS .....	13
FRACTURED HIP .....	13
FRACTURE - LOWER EXTREMITY .....	14
FRACTURE - UPPER EXTREMITY .....	14
GUILLAIN-BARRE' SYNDROME .....	15
LYMPHEDEMA .....	15
MASTECTOMY .....	16
MULTIPLE SCLEROSIS .....	16
MUSCULO-LIGAMENTOUS STRAINS AND SPRAINS .....	17
MYOCARDIAL INFARCT .....	17
MYOSITIS .....	18
NEURITIS OR NEURALGIA .....	18
NEURODEVELOPMENTAL DEFICIT .....	19
PARAPLEGIA AND QUADRIPLÉGIA .....	20
PARKINSON'S DISEASE .....	20
PERIPHERAL NERVE INJURIES .....	21
RECONSTRUCTIVE HAND SURGERY .....	21
SCLERODERMA .....	22
SYRINGOMYELIA .....	22
THROMBOPHLEBITIS .....	23
TOTAL KNEE (FIRST TIME AND REVISION) .....	23
VARICOSE ULCER .....	24

## Instructions for Use of Codes and Explanation of Table Headings

The list which follows describes physical therapy services covered by Utah's Medicaid program and conditions of coverage.

NOTES: Coverage and the prior authorization requirements apply **ONLY** for a Medicaid client (1) assigned to a Primary Care Provider or (2) not enrolled in a managed care plan. The list is updated by Medicaid Information Bulletins until republished in its entirety.

Below is an explanation of the column headings on the table.

<b>CODE</b>	For use only by physical therapists NOT associated with a rehabilitation center.
<b>COMMON DIAGNOSIS OR COMPLICATION</b>	These are common accompanying diagnoses or complications
<b>AGE</b>	All means Medicaid covers the services from birth through any age.
<b>TYPES OF PHYSICAL THERAPY</b>	Lists approved therapies covered by Medicaid for the diagnosis.
<b>PA</b>	<b>PA</b> means <b>P</b> rior <b>A</b> uthorization. The entry of <b>W</b> means <b>w</b> ritten prior authorization is required by Medicaid.
<b>COMMENTS</b>	The average number of treatments and duration are stated. More than 10 treatment visits require written prior authorization.

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### AMPUTATION - LOWER EXTREMITY

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES OF PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Peripheral</li> <li>Vascular Disease</li> <li>Neuroma</li> <li>Adhesions</li> <li>Infection</li> <li>Decreased range of motion</li> <li>Congenital deformity</li> </ul>	all	1) Stump healing management, i.e. bandaging, supervised whirlpool must be related to treatment goals, therapeutic exercise  2) Balance and coordination and strength-building therapeutic exercise, gait training  3) Prosthetic training, including strengthening, ROM, home environment evaluation equipment measurement and fitting	W	Average number of treatments: 24  Average duration of treatment: 3 months at every stump revision or new prosthesis  Complications often interrupt treatment, extending duration of program.  Stump shrinkage and abrasions may prolong or alter regimen as will stump revision or new prosthesis.

### AMPUTATION - UPPER EXTREMITY

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES OF PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Adhesions</li> <li>Neuroma</li> <li>Contractures</li> <li>infection</li> </ul>	all	Prosthetic training, ADL, bandaging, therapeutic exercise	W	Average number of treatments: 20 - 24  Duration of treatments: 4 months

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### AMYOTROPHIC LATERAL SCLEROSIS

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Decreased range of motion</li> <li>muscular weakness</li> <li>respiratory problems</li> <li>peripheral and central nerve paralysis</li> <li>spasticity</li> <li>oral motor swallowing problems</li> </ul>	all	Exercise gait training, postural drainage, ADL, patient/family education, measurement and fitting for equipment, home environment evaluation, supervised pool and aquatic treatment must be related to treatment goals	W	<p>Average number of treatments: 30</p> <p>Average duration of treatment: 4 months</p>

### ARTHRITIS (Gout, Rheumatoid, Osteoarthritis)

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Pain</li> <li>deformities</li> <li>ankylosing spondylitis (Marie- Strumpell's)</li> <li>contracture</li> <li>muscular weakness</li> </ul>	all	Therapeutic exercise, but virtually any modality. Gait training, ADL activities, supervised pool or hydrotherapy must be related to treatment goals, patient education, equipment measurement and fitting, home environment evaluation	W	<p>Average number of treatments: 30</p> <p>Average duration of treatments: 3 months</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **OSTEOARTHRITIS (DEGENERATIVE)**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• obesity</li> <li>• osteoporosis</li> <li>• contractures</li> <li>• muscular weakness</li> <li>• joint instability leading to deformity</li> <li>• paresthesia</li> </ul>	all	Therapeutic exercise, gait training, ADL training, supervised pool or hydrotherapy, must be related to treatment goals, patient education	W	Average number of treatments: 4 - 10  Average duration of treatment: 2 weeks

### **BELLS PALSY**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• muscular weakness</li> <li>• paralysis</li> <li>• fibrosis oral motor pathology</li> </ul>	all	Infra red, electrical stimulation, hydrocollator packs, therapeutic exercise, massage, related to treatment goals, swallowing and feeding treatments	W	Average number of treatments: 16  Average duration of treatments: 6 weeks.

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

## BIRTH DEFECTS

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Spina bifida</li> <li>• osteogenesis imperfecta</li> <li>• paraplegia</li> <li>• hydrocephalus</li> <li>• scoliosis</li> <li>• musculoskeletal deformity</li> <li>• osteoporosis</li> <li>• leg length discrepancy</li> <li>• muscular imbalance</li> <li>• decreased range of motion</li> <li>• gait deviation</li> <li>• muscular weakness</li> <li>• contractures</li> <li>• joint instability</li> <li>• kidney disease.</li> <li>• cerebral palsy</li> <li>• other genetic syndromes</li> </ul>	all	Therapeutic exercise, ADL, neurodevelopmental therapy, gait training, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, adaptive equipment, kinesthetic treatment evaluation	W	<p>Average number of treatments: 60-90 (after each surgery)</p> <p>Average duration of treatments: 9 months -2 years</p> <p>Emphasis on independence in ADL's and gait, parent and patient education, progression of treatment related to neuro-developmental maturation and advancement.</p> <p>Initial treatment: intensive (Approximately two months after each surgery) then reducing frequency.</p> <p>* More deformity develops as bones grow at a faster rate than muscles causing muscle contractures and more gait disturbances-on going until growth is complete.</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

**BRAIN DAMAGE**  
**(other than Cerebral Vascular Accident)**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Anoxia,</li> <li>• encephalitis</li> <li>• meningitis</li> <li>• aneurysm</li> <li>• tumor</li> <li>• clot</li> <li>• hemorrhage</li> <li>• hydrocephalus</li> <li>• contusion</li> <li>• concussion</li> <li>• decreased range of motion</li> <li>• muscular weakness</li> <li>• decubiti</li> <li>• incontinence</li> <li>• infection</li> <li>• perceptual deficit</li> <li>• decreased balance</li> <li>• spasticity</li> <li>• confusion and disorientation</li> <li>• ataxias</li> <li>• athetosis</li> </ul>	all	Therapeutic exercise, neurodevelopmental therapy, ADL, gait training, bracing, patient and family education, home environment evaluation, equipment measurement and fitting, kinaesthetic treatment supervised pool and hydrotherapy must be related to treatment goals	W	<p>Average number of treatments: 48</p> <p>Average duration of treatments: 12 months</p> <p>This is a life altering insult. Emphasis is placed on both physical and mental healing to reintegrate the patient into society. Keep independent.</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

## BURNS

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>infection</li> <li>dehydration</li> <li>contractures</li> <li>pain</li> <li>muscular weakness</li> <li>surgery</li> <li>amputation</li> <li>disfigurement.</li> </ul>	all	Therapeutic exercise, massage, ultra - sound, debridement, supervised hydrotherapy must be related to treatment goals, bandaging, gait training, ADL, scar management, patient and family education	W	<p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p> <p>Initially acute until wound covering is achieved. Surface area and degree of burn will dictate concentration and duration of treatment.</p> <p>Many plastic revisions.</p>



The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **BURSITIS**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Decreased ROM</li> <li>pain</li> <li>muscular weakness</li> </ul>	all	ADL, therapeutic exercise	W	<p>Average number of treatments: 12</p> <p>Average duration of treatments: 1 month</p> <p>Decrease in range of motion often leading to contracture or "frozen" joint, which could lead to prolonged treatment.</p>

### **CERVICAL RIB SYNDROME THORACIC OUTLET SYNDROME SCALENUS ANTICUS SYNDROME**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Pain and numbness in arm and hand</li> <li>neurological deficit</li> <li>muscular weakness</li> <li>decreased range of motion</li> </ul>	all	Therapeutic exercise	W	<p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks</p> <p>Home instruction important.</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **CHEST SURGERY**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• pacemaker</li> <li>• open heart surgery</li> <li>• atelectasis</li> <li>• pneumonia</li> <li>• bronchitis</li> <li>• congestive heart failure</li> </ul>	all	Breathing exercises, postural drainage, vibrations, percussions, therapeutic exercise, gait training, upper extremity range of motion, patient and family education, endurance	W	<p>Average number of treatments: 15</p> <p>Average duration of treatments: 1 month</p>

### **CHRONIC OBSTRUCTIVE LUNG DISEASE**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Emphysema</li> <li>• bronchitis</li> <li>• asthma</li> <li>• pneumonia</li> <li>• atelectasis</li> <li>• cancer</li> <li>• sarcoidosis</li> <li>• bronchiectasis</li> </ul>	all	Postural drainage, vibrations, percussion, breathing and endurance exercises	W	<p>Average number of treatments: 15</p> <p>Average duration of treatment: 1 month</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **CVA - HEMIPLEGIA**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• peripheral vascular disease</li> <li>• decreased sensation</li> <li>• spinal cord injury</li> <li>• any other immobilizing disease or condition</li> </ul>	all	ADL, gait training modalities, evaluation, electrical stimulation, equipment evaluation and fitting, home environment evaluation.	W	<p>Average number of treatments: 30</p> <p>Average duration of treatment: 3 month</p> <p>Chronic This can result in a life altering insult. Emphasis is placed on physical and mental healing to reintegrate the patient into society.</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### DECUBITUS ULCER

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>peripheral</li> <li>vascular disease</li> <li>decreased sensation</li> <li>spinal cord injury</li> <li>any other immobilizing disease or condition</li> </ul>	all	Wound care, equipment evaluation, and fitting	W	<p>Average number of treatments: 36</p> <p>Treatment duration varies according to size and location of lesion</p> <p>Average duration of treatments: 4 months</p> <p>Physical therapy may be utilized intermittently.</p>

### DEGENERATIVE OR TRAUMATIC DISC DISEASE

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Pain</li> <li>decreased range of motion</li> <li>numbness</li> <li>muscle weakness</li> </ul>	all	Therapeutic exercise, gait training	W	<p>Average number of treatments: 18</p> <p>Average duration of treatments: 6 weeks</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### EPICONDYLITIS

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Pain</li> <li>decreased range of motion</li> <li>muscular weakness</li> <li>neurological deficit</li> </ul>	all	Therapeutic exercise	W	<p>Average number of treatments: 10</p> <p>Average duration of treatments: 2-4 weeks</p> <p>Prolonged treatment not indicated.</p>

### FRACTURED HIP

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Muscular weakness</li> <li>osteoporosis</li> <li>pain</li> <li>decreased range of motion</li> <li>infection</li> <li>thrombo-phlebitis</li> <li>osteomyelitis</li> <li>vascular necrosis</li> </ul>	all	Gait training, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, tilt table, ADL, strengthening, increased ROM	W	<p>Average number of treatments: 30 (non - weight bearing) 16 (weight bearing)</p> <p>Average duration of treatments: 3 months (NWB) 6 weeks (WB)</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **FRACTURE - LOWER EXTREMITY**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>muscular weakness</li> <li>edema</li> <li>thrombo-phlebitis</li> <li>infection</li> <li>osteomyelitis</li> <li>neurological deficit</li> <li>decreased range of motion</li> </ul>	all	Gait training, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, tilt table, ADL, strengthening, increased ROM	W	<p>Average number of treatments: 20</p> <p>Average duration of treatments: 10 weeks</p> <p>The closer the fracture is to a joint, the greater the complication potential and subsequent intensity and duration of treatment.</p> <p>Fracture:            ANKLE---16 treatments            FEMUR---16 treatments</p>

### **FRACTURE - UPPER EXTREMITY**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Decreased range of motion</li> <li>vascular insufficiency</li> <li>muscle weakness</li> </ul>	all	Therapeutic exercise	W	<p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p> <p>WRIST - 16 treatments</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### GUILLAIN-BARRE' SYNDROME

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• decreased range of motion</li> <li>• joint instability</li> <li>• muscular weakness</li> <li>• decubiti</li> <li>• contractures</li> <li>• respiratory difficulties</li> <li>• decreased endurance</li> </ul>	all	Therapeutic exercise, ADL, gait training, pulmonary hygiene, supervised pool therapy must be related to treatment goals, patient education, home environment evaluation, equipment measurement and fitting	W	<p>Average number of treatments: 24</p> <p>Average duration of treatments: 3 months</p> <p>Emphasis on instruction and teaching by the therapist to establish independence. This disease may be manifested in an acute or chronic syndrome.</p>

### LYMPHEDEMA

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• decreased range of motion</li> <li>• muscular weakness</li> <li>• edema</li> </ul>	all	Therapeutic exercise, equipment measurement and stockings or equivalent, ADL.	W	<p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks</p> <p>Emphasis on instructions in procedures to be used at home.</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### MASTECTOMY

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Adhesions</li> <li>• edema</li> <li>• muscular weakness</li> <li>• decrease in motion</li> <li>• peripheral nerve pressure</li> <li>• pain</li> <li>• shoulder-hand syndrome</li> </ul>	all	Equipment measurement or equivalent, therapeutic exercise pneumatic compression.	W	<p>Average number of treatments: 16</p> <p>Average duration of treatments: 6 weeks</p> <p>Emphasis should be placed on home program from hospital</p>

### MULTIPLE SCLEROSIS

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Limited range of motion</li> <li>• incoordination</li> <li>• imbalance</li> <li>• muscular weakness</li> <li>• spasticity</li> <li>• decubiti</li> <li>• pain</li> <li>• incontinence</li> <li>• ataxia</li> </ul>	all	Therapeutic exercise, gait training, ADL, supervised pool or hydrotherapy must be related to treatment goals, equipment measurement and fitting, home environment evaluation	W	<p>Average number of treatments: 30</p> <p>Average duration of treatments: 4 months Used intermittently as indicated by exacerbation and remission.</p> <p>Therapy for this diagnosis should be directed toward supervision and home program construction.</p>



The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **MUSCULO-LIGAMENTOUS STRAINS AND SPRAINS**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• decreased range of motion</li> <li>• muscular weakness</li> <li>• spasm</li> <li>• fracture</li> </ul>	all	Therapeutic exercise, gait training, bracing, bandaging	W	Average number of treatments: 12  Average duration of treatments: 1 month

### **MYOCARDIAL INFARCT**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Thrombo -phlebitis</li> <li>• arteriosclerotic heart disease</li> <li>• hypertension</li> <li>• muscle weakness</li> <li>• pulmonary infarction</li> <li>• decreased activity tolerance.</li> </ul>	all	ADL, gait, therapeutic exercise,  endurance training, patient education	W	Average number of treatments: 16  Average duration of treatments: 2 months

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### MYOSITIS

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>Pain</li> <li>decreased range of motion</li> <li>muscle weakness</li> </ul>	all	Therapeutic exercise	W	Average number of treatments: 15  Average duration of treatment: 4 weeks

### NEURITIS OR NEURALGIA

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>Intense pain</li> <li>decreased range of motion</li> <li>weakness</li> </ul>	all	Patient and family education	W	Average number of treatments: 16  Average duration of treatments: 3-4 weeks

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

## NEURODEVELOPMENTAL DEFICIT

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Cerebral palsy,</li> <li>• birth trauma,</li> <li>• high risk infancy</li> <li>• birth anoxia,</li> <li>• developmental delay</li> <li>• spasticity</li> <li>• hypotonia</li> <li>• hypertonia</li> <li>• decreased range of motion</li> <li>• gait deviation</li> <li>• muscular weakness</li> <li>• joint instability</li> <li>• impaired cognitive function</li> <li>• athetosis</li> <li>• ataxia</li> <li>• genetic syndromes</li> <li>• chromosomes abnormality</li> </ul>	all	Neurodevelopmental therapy. kinesthetic treatment, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, bracing, splinting, ADLs, gait training, mobility training, gross and fine motor skills, coordination, cognitive training, adaptive equipment training.	W	<p>Average number of treatments: 50- 100</p> <p>Average duration of treatments: 12 months to 3 years on going.</p> <p>Emphasis on achieving independence in gait, ADL's, mobility skills, instruction to parent and patient, progression of treatments related to neuro - developmental maturation and advancement.</p> <p>Initial treatment: Intensive (approximately two weeks), then reducing frequency</p> <p>Deformity (ROM-contractures-gait disturbances etc) as muscles don't keep up with bony growth. New equipment needs ADL;s as child grows.</p> <p>After each surgical intervention-therapy needs to be more intensive then reduced - this is on going.</p> <p>With cerebral palsy therapy <u>prevents</u> further deformity and is chronic in nature</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

## PARAPLEGIA AND QUADRIPLÉGIA

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Limited range of motion</li> <li>osteoporosis</li> <li>decubiti</li> <li>kidney disease</li> <li>malnutrition</li> <li>bladder and kidney stones</li> </ul>	all	Therapeutic exercise, ADL, gait training, ultra-violet light, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, home environment evaluation, equipment fitting and measurement (wheelchair, bath)	W	<p>Average number of treatments: 48</p> <p>Acute rehabilitation after initial diagnosis Emphasis on instruction and teaching by the physical therapist to establish independence.</p>

## PARKINSON'S DISEASE

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>Limited range of motion</li> <li>muscular weakness</li> <li>gait and posture problems</li> <li>pain</li> <li>decubiti</li> </ul>	all	Therapeutic exercise, ROM, gait training, supervised hydrotherapy must be related to treatment goals, bracing, tilt table, home environment evaluation, equipment fitting and measurement (wheelchair, bath)	W	<p>Average number of treatments: 16</p> <p>Duration of treatments: 1-2 months</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### PERIPHERAL NERVE INJURIES

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Edema</li> <li>• pain</li> <li>• muscular weakness</li> <li>• atrophy</li> <li>• contracture</li> </ul>	all	Bracing, therapeutic exercises	W	<p>Average number of treatments: 20</p> <p>Average duration of treatments: 2 months</p> <p>Emphasis on instruction and teaching by the therapist to establish independence. This disease may be manifested in an acute or chronic syndrome.</p>

### RECONSTRUCTIVE HAND SURGERY

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Arthritis</li> <li>• pai</li> <li>• decreased motion,</li> <li>• muscular weakness</li> <li>• edema</li> <li>• infection</li> <li>• tendonitis</li> </ul>	all	Splinting, therapeutic exercise	W	<p>Average number of treatments 36</p> <p>Average duration of treatments: 3 months</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### **SCLERODERMA**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Ulcers</li> <li>• decreased ROM</li> <li>• osteoporosis</li> <li>• arthritis</li> <li>• poor circulation</li> </ul>	all	Therapeutic exercise, gait training, ADL activities, supervised pool therapy must be related to treatment goals.	W	<p>Average number of treatments: 24</p> <p>Average duration of treatments: 2 months</p>

### **SYRINGOMYELIA**

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Muscular weakness</li> <li>• diminished sensation</li> </ul>	all	Therapeutic exercise, gait training, ADL	W	<p>Average number of treatments: 30</p> <p>Average duration of treatments: 7 months</p> <p>Therapy should be directed toward program construction and supervision</p>

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### THROMBOPHLEBITIS

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Ulcers</li> <li>• muscular weakness</li> <li>• edema</li> <li>• pain</li> <li>• hemorrhaging</li> <li>• decreased range of motion</li> <li>• amputation</li> </ul>	all	Supervised whirlpool must be related to treatment goals, Beurger Allen exercise, therapeutic exercise, equipment measurement, compression stockings or equipment, intermittent mechanical compression, gait training.	W	Average number of treatments: 4-10  Average duration of treatments: 2 weeks

### TOTAL KNEE (FIRST TIME AND REVISION)

<b>CODES</b>	<b>COMMON DIAGNOSIS OR COMPLICATIONS</b>	<b>AGE</b>	<b>TYPES of PHYSICAL THERAPY</b>	<b>P A</b>	<b>COMMENTS</b>
<b>T1015</b>	<ul style="list-style-type: none"> <li>• Decreased range of motion</li> <li>• pain</li> <li>• vascular insufficiency</li> <li>• muscle weakness</li> </ul>	all	Therapeutic exercise	W	Average number of treatments: 20  Average duration of treatments: 6 weeks  <u>Knee Revision</u> Average number of treatments: 36 Average duration of treatments: 2 months

The first ten visits are not prior authorized. All treatments beyond the first ten visits require prior authorization. Add a "GO" modifier with the T1015 code when billing for occupational therapy.

### VARICOSE ULCER

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPES of PHYSICAL THERAPY	P A	COMMENTS
<b>T1015</b>	<ul style="list-style-type: none"> <li>Amputation</li> <li>peripheral vascular disease</li> <li>pain</li> </ul>	all	Therapeutic exercises, bandaging, and debridement, gait training, prosthetic training.	W	<p>Average number of treatments: 10</p> <p>Duration of treatments: 6 weeks</p>